




Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19428

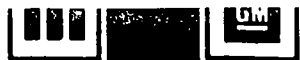
EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			H5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Miller</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30yds	Box	CONCRETE + DIRT
				EPA Region 5 Records Ctr.  368954
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-11-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDD060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 004437

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 10px;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="font-size: 1.5em; text-align: center;">NonHaz</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NonHaz	30yds	Box	CONCRETE
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		1-12-88	OH0060928561	
ADDRESS		DELCO MORaine DIV. GMC	STATE I.D. NO.	
CITY		1420 WISCONSIN BLVD.	PURCHASE ORDER	
DAYTON		OHIO	45401 ZIP	
			PHONE	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name		Phone
David New		DAVID NEW		455-6391
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		ZIP		
		PHONE		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY		ZIP		
DAYTON		OHIO		
		PHONE		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09433

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NonHaz</div>			#5	
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHaz		30yds	Box	Scrap Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-13-88</u>	EPA IDENTIFICATION CODE NO. <u>OH001092851</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	454 <u> </u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 114

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<u>115</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>3 yds</u>	<u>Box</u>	<u>FIYASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-13-88</u>		EPA IDENTIFICATION CODE NO. <u>01A0610928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NECE</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SANDE</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>Dayton</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19437

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NonHaz</div>				<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NonHaz		90 lbs	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-13-88</u>		EPA IDENTIFICATION CODE NO. <u>OH000928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>4540</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-4391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFTE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 07438

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; text-align: center;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>NonHac</u> <u>Shew</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHac</u>		<u>3040s</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-14-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D06092854</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>					
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>4540</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Daku</u>		Print Name <u>DAVID DAKU</u>	Phone <u>4566391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 174139

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non Haz</i>			<i>#6</i>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Chen</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3000</i>	<i>Box</i>	<del>WOOD</del> <i>WOOD</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>1-14-88</i>		EPA IDENTIFICATION CODE NO. <i>OH0018928561</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45405</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19442

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NonHAZ</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NonHAZ</i>		<i>30yds</i>	<i>Box</i>	<i>FLYASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>1-13-88</i>	EPA IDENTIFICATION CODE NO. <i>OH/D06028561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>DAVID NEEL</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 074747

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHaz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>30yds</u>	<u>Box</u>	<u>FLYBIT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		<u>1-15-88</u>	<u>OH0001092834</u>	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO.	PURCHASE ORDER	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____ PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6991</u>	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 197473

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NonHaz</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>DM</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>30 pps Box</u>		<u>FLYASH</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-18-88</u>	EPA IDENTIFICATION CODE NO. <u>4554391</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>454</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>David New</u>	Print Name <u>DAVID NEW</u>	Phone <u>455-4391</u>	

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAAR</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Dayton</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 719587

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30475	Box	Fly Ash
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-20-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO10928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DUANE</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>[Signature]</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49750

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds Box		Scrap Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-20-18</u>		EPA IDENTIFICATION CODE NO. <u>OH000928361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAITF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SATA DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09433

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NonHaz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NonHaz</i>		<i>30 pps</i>	<i>Box</i>	<i>SCRAP WOOD POWER HOUSE RAD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>1-20-88</i>		EPA IDENTIFICATION CODE NO. <i>6ADW1892854</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP <i>45401</i> PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>DAVID NEU</i>		Phone <i>4556391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAF</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19455

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHAZ</u>		<u>3400</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-21-88</u>		EPA IDENTIFICATION CODE NO. <u>OH001092854</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> 4. ZIP _____ PHONE _____			
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-1397</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SPAF</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____ STATE _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 177412

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEUL</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHAZ</u>		<u>30 Pds</u>	<u>Box</u>	<u>FLYB H</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-22-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45401</u>		PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neul</u>		Print Name <u>DAVID NEUL</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019461

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Paul New</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 PDS</u>	<u>BOX</u>	<u>FLYBIL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-22-88</u>	EPA IDENTIFICATION CODE NO. <u>087060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Paul New</u>		Print Name <u>PAUL NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPARK</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19450

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Drew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3075</i>	<i>Box</i>	<del>XXXXXXXXXX</del> <i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>1-23-88</i>	EPA IDENTIFICATION CODE NO. <i>OH000928561</i>		
COMPANY NAME	<i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS	<i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY	<i>DAYTON</i>	STATE	<i>OHIO</i>	ZIP <i>45401</i> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature	<i>David New</i>	Print Name	<i>DAVID NEU</i>	Phone <i>435-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	<i>STATE</i>	STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	<i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY	<i>Dayton</i>	STATE	<i>OHIO</i>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19418

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5	
<u>NonHaz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DMU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHaz</u>		<u>30yds</u>	<u>BOX</u>	<u>SCRAPWOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>1-23-88</u>		EPA IDENTIFICATION CODE NO. <u>OH2060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Durckew</u>		Print Name <u>DAVID MEU</u>		Phone <u>456-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAH</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119460

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p># <u>5</u></p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: <u>NonHaz</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>30 YDS</u>	<u>Box</u>	<u>SCRAP WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-23-88</u>	EPA IDENTIFICATION CODE NO. <u>OH00010928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>			STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>			PURCHASE ORDER _____	
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEEL</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19436

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NonHAZ</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">David New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHAZ		30 yds	BOX	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-23-88</u>	EPA IDENTIFICATION CODE NO. <u>DAED010928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SMI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 17457

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NonHAZ</div>			<div style="text-align: center; font-size: 2em;">#3</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHAZ		30 pps	BOX	<del>SCAP WOOD</del> SCAP WOOD
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>1-23-88</u>	EPA IDENTIFICATION CODE NO. <u>OHAD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SA M/E</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19773

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>Allen</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30 PDS	Box	FLYASH	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>1-28-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0216928561</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WILSON BLVD</u>		CITY <u>DAYTON</u>		ZIP <u>45401</u> PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		ZIP _____ PHONE _____			
CITY _____		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 497785

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>2-4-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO60928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEAL</u>	Phone <u>456-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49787

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30yds</i>	<i>Box</i>	<i>FLYBTT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-5-88</u>	EPA IDENTIFICATION CODE NO. <u>DA060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO -</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19488

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; text-align: center;">#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Non/Haz</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non/Haz</u>		<u>30yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>2-5-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO06928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19487

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non/Haz  IN CASE OF EMERGENCY, NOTIFY: <u>NEW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non/Haz		30 yds	Box	<del>FLYASH</del> FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-5-88</u>	EPA IDENTIFICATION CODE NO. <u>08D010928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WILSONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFTE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 197586

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">H5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Off</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>300 lbs</u>	<u>BOX</u>	<u>FLYASH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-8-88</u>		EPA IDENTIFICATION CODE NO. <u>OHDEL028561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy f your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 79989

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>It's</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>Non/Hg</div>  IN CASE OF EMERGENCY, NOTIFY: <div>DAVID NEU</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non/Hg</div>		<div>3aps</div>	<div>Box</div>	<div>FLYBH</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-8-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D01092854</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPARK</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1949B

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____		
<div>Non Hg</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>DAVID NEU</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non Hg</div>		<div>30yds Box</div>		<div>SCRAP WOOD</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-10-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0010928541</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>454</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SAT. H. DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09496

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Hg				
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Hg		304PS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		2-11-88	0AD018928361	
DELCO MORAINES DIV. GMC			STATE I.D. NO. _____	
ADDRESS		1420 WISCONSIN BLVD.	PURCHASE ORDER _____	
CITY		DAYTON, OHIO	45401	PHONE _____
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name	Phone	
<u>David Neu</u>		DAVID NEU	455-6391	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY		STATE I.D. NO. _____		
SOUTH DAYTON LANDFILL		JOB NO. _____		
ADDRESS		CITY		
DAYTON		STATE OHIO ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19895

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">#5</div> NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<div style="text-align: center;">Non Haz</div> IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center;">David Neel</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds Box		FLY/ASH
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>2/1/88</u>	EPA IDENTIFICATION CODE NO. <u>OH0000928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neel</u>		Print Name <u>DAVID NEEL</u>	Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 75798

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="text-align: center;">             NET WT. _____            TRAILER NO. _____ TRACTOR NO. _____         </div>
IN CASE OF EMERGENCY, NOTIFY: <u>Officer</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hazard</u>		<u>3000s Box</u>		<u>SCRAP WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-11-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDC028511</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45406</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>David New</u>	Print Name <u>DAVID NEW</u>	Phone <u>432-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17804

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hg</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hg</i>		<i>30 pps Box</i>		<i>FLY ASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-13-88</i>	EPA IDENTIFICATION CODE NO. <i>04D060928321</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAFARI</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 077506

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.5em;">Non Hay</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Hay		30 pps	Box	SCRAP WOOD	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>2-16-88</u>		EPA IDENTIFICATION CODE NO. <u>04D060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09508

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Hazard</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	
_____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hazard</i>		<i>300 lbs. Box</i>		<i>SCRAP WOOD</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>2-16-88</i>	EPA IDENTIFICATION CODE NO. <i>04D01028561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>David New</i>	Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>SNM</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09510

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Hazy</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DAVID NEU</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hazy</i>		<i>3475 Box</i>		<i>FLYNSH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-17-88</i>	EPA IDENTIFICATION CODE NO. <i>OHDO60928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David Neu</i>		Print Name <i>DAVID NEU</i>	Phone <i>455-1397</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAVE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 07514

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>On New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Fly Ash</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-18-88</i>	EPA IDENTIFICATION CODE NO. <i>OH060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19517

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non Haz</i>			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>DAVE</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30yds</i>	<i>Box</i>	<i>CONCRETE + DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-18-88</i>	EPA IDENTIFICATION CODE NO. <i>04D060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>454</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 07513

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<u>#5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Almer</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>307 lbs</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>2-18-88</u>	EPA IDENTIFICATION CODE NO. <u>04D016928561</u>		
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY	<u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neal</u>	Print Name <u>DAVID NEAL</u>	Phone <u>455-6397</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	<u>SAF</u>	STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	<u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49515

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="text-align: right; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____
Non Haz	
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	FLYASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

---



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CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-18-88</u>	EPA IDENTIFICATION CODE NO. <u>ORD002092854</u>	
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____
ADDRESS	<u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____
CITY	STATE	ZIP	PHONE
<u>DAYTON</u>	<u>OHIO</u>	<u>4540</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>David Neu</u>	Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	STATE I.D. CODE _____
ADDRESS	JOB I.D. NO. _____
CITY	PHONE _____
<u>STATE</u>	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY	STATE I.D. NO. _____
ADDRESS	JOB NO. _____
CITY	PHONE _____
<u>DAYTON</u>	
STATE <u>OHIO</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19516

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DM</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3aps</i>	<i>Box</i>	<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>2-19-88</i>	EPA IDENTIFICATION CODE NO. <i>OHDO060928561</i>		
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____	PURCHASE ORDER _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>	CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>	Print Name <i>DAVID NEU</i>	Phone <i>455-6391</i>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAE</i>	STATE I.D. CODE _____	JOB I.D. NO. _____		
ADDRESS _____	CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____	JOB NO. _____		
ADDRESS <i>Dayton</i>	CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119524

## EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

*Non/Haz*

IN CASE OF EMERGENCY, NOTIFY:

*Shew*

## SCALE INFORMATION

*#5*

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION

*Non/Haz*

HAZARD CLASS

QUANTITY

CONTAINER TYPE

MATERIAL DESCRIPTION

*300 lbs Box*

*SCRAP WOOD  
POWER HOUSE PAD*

## MATERIAL DISPOSITION

☐ RECLAMATION

☐ INCINERATION

☒ LANDFILL

☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL  
INFORMATION:

## CERTIFICATION

GENERATOR

DATE SHIPPED

*2-23-88*

EPA IDENTIFICATION CODE NO.

*OH0010928561*

COMPANY NAME

*DELCO MORaine DIV. GMC*

STATE I.D. NO.

ADDRESS

*1420 WISCONSIN BLVD.*

PURCHASE ORDER

CITY

*DAYTON,*

STATE

*OHIO*

ZIP

PHONE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature

*David New*

Print Name

*DAVID NEW*

Phone

*433-6391*

TRANSPORTER

EPA IDENTIFICATION NO.

COMPANY

*SAFARI*

STATE I.D. CODE

ADDRESS

JOB I.D. NO.

CITY

STATE

ZIP

PHONE

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature

Print Name

Date Received

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO.

COMPANY

*SOUTH DAYTON LANDFILL*

STATE I.D. NO.

ADDRESS

JOB NO.

CITY

*Dayton*

STATE

*OHIO*

ZIP

PHONE

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature

Print Name

Date

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 095127

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Nm Haz</i>			<div style="text-align: center;"><i>#5</i></div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Conew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Nm Haz</i>		<i>30 pps</i>	<i>Box</i>	<i>SCRAP WOOD</i> <i>DOCK 3</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-24-88</i>		EPA IDENTIFICATION CODE NO. <i>OHDM0928361</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAHFE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17525

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Call New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30yds</i>	<i>Box</i>	<i>FLY AS H</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>2-24-88</i>	EPA IDENTIFICATION CODE NO. <i>04DD18928361</i>		
COMPANY NAME	<i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS	<i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY	<i>DAYTON</i>	STATE	<i>OHIO</i>	ZIP <i>45401</i> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>	Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	<i>SAF</i>	STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	<i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY	<i>DAYTON</i>	STATE	<i>OHIO</i>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 195310

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">15</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Shen</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-25-88</u>	EPA IDENTIFICATION CODE NO. <u>04D000928561</u>	
COMPANY NAME <u>DELCO MORaine Div. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SADME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19537

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____		
<u>Non HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non HAZ</u>		<u>30yds</u>	<u>Box</u>	<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-25-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D010928541</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>453-1391</u>
TRANSPORTER				
COMPANY <u>SAFIE</u>		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>		JOB NO. _____		
CITY _____		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A7338

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
<div style="text-align: center; font-size: 1.5em;">Non Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<div style="text-align: center; font-size: 1.5em;">Drew</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30yds	Box	FLYASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-26-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0000928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>STATE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19342

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>2 New</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30 yds	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-27-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D 060928301</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>755-1391</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49335

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">H</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.5em;">Non Haz</div> IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">D. New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-27-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO0928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	45401	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09336

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>DMU</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>2-27-88</i>		EPA IDENTIFICATION CODE NO. <i>04DD00928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON,</i>		PHONE _____	
STATE <i>OHIO</i>		ZIP _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAHKE</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>DAYTON</i>		PHONE _____	
STATE <i>OHIO</i>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19537

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE + DIRT</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-27-88</u>	EPA IDENTIFICATION CODE NO. <u>6ARD66092P361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45422</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17533

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			H/S  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>On New</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 YDS	Box	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-27-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D01028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEEL</u>	Phone <u>453-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119532

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<u>#5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>APW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30yds</u>	<u>Box</u>	<del>SCARP WOOD</del> <u>SCARP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-27-88</u>		EPA IDENTIFICATION CODE NO. <u>OHDO010928521</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45404</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>55-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFETY</u>		STATE I.D. CODE _____		
ADDRESS <u>SAFETY</u>		JOB I.D. NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09339

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Drew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 pps</i>	<i>Box</i>	<i>BOXES + BANDS</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>2-27-88</i>	EPA IDENTIFICATION CODE NO. <i>OH0010928361</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45404</i>	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE M/

<b>EMERGENCY INFORMATION</b>				<b>SCALE</b>	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>DAVID NEW</i>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 pps</i>	<i>Box</i>	<i>FLYB4</i>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <i>3-1-88</i>		EPA IDENTIFICATION CODE NO. <i>0410060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____			
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>STATE</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>Dayton</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49348

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			#5   NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">New</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		20 yds	Box	FLYB H
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-2-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>Same</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09853

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non Hay</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Hay</i>		<i>30yds</i>	<i>BOX</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>3-4-88</i>	EPA IDENTIFICATION CODE NO. <i>OH D060928361</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>454</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 99756

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<u>#5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non / Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>DM</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non / Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>3-4-88</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>		
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS	<u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY	<u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>	Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	<u>SAFARI</u>	STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	<u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY	<u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49357

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: right;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Nam Hoang</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>3-4-88</i>		EPA IDENTIFICATION CODE NO. <i>OH060928561</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>DAVID AEO</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAY ON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49358

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DeW</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Concrete &amp; Dirt</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>3-4-88</i>	EPA IDENTIFICATION CODE NO. <i>04D060928341</i>		
COMPANY NAME	DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS	1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY	DAYTON,	STATE	OHIO	ZIP 45401
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>DeW</i>	Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	<i>DAVID NEW</i>		STATE I.D. CODE _____	
ADDRESS			JOB I.D. NO. _____	
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	<i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____	
ADDRESS			JOB NO. _____	
CITY	<i>Dayton</i>	STATE	<i>OHIO</i>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09359

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div>#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Hazy</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non HAZ</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>3-4-88</i>	EPA IDENTIFICATION CODE NO. <i>OH0010928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>David Neal</i>	Print Name <i>DAVID NEAL</i>	Phone <i>455-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>SAFTE</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH &amp; DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49360

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<div>Non Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>Now</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non Haz</div>		<div>30 pds</div>	<div>Box</div>	<div>Scrap Wood</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <div>3-4-88</div>		EPA IDENTIFICATION CODE NO. <div>ORD06092854</div>
COMPANY NAME <div>DELCO MORaine DIV. GMC</div>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <div>1420 WISCONSIN BLVD.</div>				
CITY <div>DAYTON,</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <div>[Signature]</div>		Print Name <div>DAVID A. FUL</div>		Phone <div>455-6391</div>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <div>SAF</div>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <div>SOUTH DAYTON LANDFILL</div>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <div>DAYTON</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19357

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<u>H/S</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Hvy</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>DMW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hvy</u>		<u>3000</u>	<u>Box</u>	<u>FLYBH</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>3-4-88</u>	EPA IDENTIFICATION CODE NO. <u>OH01092882</u>		
COMPANY NAME	DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS	1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY	DAYTON,	STATE	OHIO	45401 ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature	<u>David New</u>	Print Name	<u>DAVID NEW</u>	Phone <u>456-6391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY	<u>SAF</u>		STATE I.D. CODE _____	
ADDRESS			JOB I.D. NO. _____	
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY	<u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____	
ADDRESS			JOB NO. _____	
CITY	<u>Dayton</u>	STATE	<u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 919861

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>				<div style="text-align: center; font-size: 2em;">#6</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		3000	Box	SCRAP WOOD	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>3-7-88</u>		EPA IDENTIFICATION CODE NO. <u>OHDD0628561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAF</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SAF SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019323

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: right;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DAVID NEW</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30yds</i>	<i>Box</i>	<del>SCRAP WOOD</del>
				<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>3-7-88</i>	EPA IDENTIFICATION CODE NO. <i>OKD010928361</i>		
COMPANY NAME	<i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____	
ADDRESS	<i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____	
CITY	DAYTON, OHIO	STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>	Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER				
COMPANY		EPA IDENTIFICATION NO. _____		
ADDRESS		STATE I.D. CODE _____		
CITY		JOB I.D. NO. _____		
STATE		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY				
COMPANY <i>SOUTH DAYTON LANDFILL</i>		EPA IDENTIFICATION CODE NO. _____		
ADDRESS		STATE I.D. NO. _____		
CITY <i>DAYTON</i>		JOB NO. _____		
STATE <i>OHIO</i>		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09566

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>Dr. New</i>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non-Haz</i>		<i>30 qts</i>	<i>BOX</i>	<i>FLYASH</i>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <i>3-88</i>		EPA IDENTIFICATION CODE NO. <i>DAH0010928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON,</i>		PHONE _____	
CITY _____		STATE <i>OHIO</i>		ZIP <i>45411</i>	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>454-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAME</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <i>Dayton</i>		CITY _____		PHONE _____	
CITY _____		STATE <i>OHIO</i>		ZIP _____	
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09877

## EMERGENCY INFORMATION

## SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: David New

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION

HAZARD CLASS

QUANTITY

CONTAINER TYPE

MATERIAL DESCRIPTION

Non Haz

3000s Box

FLYASH

## MATERIAL DISPOSITION

☐ RECLAMATION

☐ INCINERATION

☒ LANDFILL

☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL  
INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 3-10-88 EPA IDENTIFICATION CODE NO. OH060928561

COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_

ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_

CITY DAYTON, STATE OHIO 45401 ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature David New Print Name DAVID NEW Phone 455-6391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY SAME STATE I.D. CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY SOUTH DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_

CITY Dayton STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09372

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: center;"><u>15</u></div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center;"><u>[Signature]</u></div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>3000</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-11-88</u>		EPA IDENTIFICATION CODE NO. <u>04D0010928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>453-1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 098774

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>		
<i>NonHaz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Alan</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NonHaz</i>		<i>30475</i>	<i>Box</i>	<i>FLY/15H</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <i>3-11-88</i>	EPA IDENTIFICATION CODE NO. <i>OHAD 060928561</i>		
COMPANY NAME	<i>DELCO MORAINES CO. CMC</i>	STATE I.D. NO. _____		
ADDRESS	<i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY	<i>DAYTON,</i>	STATE	<i>OHIO</i>	ZIP <i>45401</i> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>	Print Name <i>DAVID NEW</i>	Phone <i>455-1391</i>		
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE		_____	
ADDRESS	JOB I.D. NO.		_____	
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO.		_____	
ADDRESS	JOB NO.		_____	
CITY	STATE	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17378

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#15</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<div>Non Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>David New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<div>Non Haz</div>	<div>3 bags</div>	<div>Box</div>	<div>FLYASH</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-14-88</u>		EPA IDENTIFICATION CODE NO. <u>012001028361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY <u>Dayton</u>	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19382

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; text-align: center;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.5em;">NonHaz</div>				
IN CASE OF EMERGENCY, NOTIFY: <u>Drew</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="text-align: center; font-size: 1.5em;">NonHaz</div>		30 yds	Box	FRYDISH
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-16-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0010928361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49885

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30yds	Box	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-17-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <u>DAVID NEU</u>		Phone <u>4556397</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09386

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">✓</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Shen</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3cups	Box	FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-17-88</u>	EPA IDENTIFICATION CODE NO. <u>04D06028521</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>	Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPAE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>BOOTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119898

## EMERGENCY INFORMATION

## SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. \_\_\_\_\_

TRAILER NO. TRACTOR NO.

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHAZ</u>		<u>2000s</u>	<u>Box</u>	<u>FLYBIL</u>

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 3-22-88 EPA IDENTIFICATION CODE NO. OH060928341  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON, STATE OHIO ZIP 45401 PHONE \_\_\_\_\_  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.  
Signature David New Print Name DAVID NEW Phone 455-1391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY SAF STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY SOUTH DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19396

## EMERGENCY INFORMATION

### IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: DMU

## SCALE INFORMATION

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>3000 Box</u>		<u>FLYASH</u>

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

## ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 3-23-88 EPA IDENTIFICATION CODE NO. 04D010928571  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON, STATE OHIO ZIP 45401 PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature David New Print Name DAVID NEW Phone 455-6391

## TRANSPORTER

EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY SAM STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

## TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY SOUTH DAYTON LANDFILL STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY Dayton STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. A9401

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>NonHaz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DMC</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NonHaz</i>		<i>30yds</i>	<i>Box</i>	<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>3-27-80</i>	EPA IDENTIFICATION CODE NO. <i>01HD0810928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAVE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	






Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19402

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div></div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<div>Non Haz</div>	
IN CASE OF EMERGENCY, NOTIFY:	
<div>DAVID NEU</div>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 pps	Box	FEYASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>3-25-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>David Neu</u>	Print Name <u>DAVID NEU</u>	Phone <u>456-391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFTE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 17404

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>Non Haz</div>    IN CASE OF EMERGENCY, NOTIFY: <div>DAVID NEU</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non Haz</div>		<div>30 yds</div>	<div>Box</div>	<div>FLYASH</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-29-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0010928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 177107

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div>Non-Haz</div>				
IN CASE OF EMERGENCY, NOTIFY <div>DAVID NEW</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non-Haz</div>		<div>30 yds</div>	<div>BOX</div>	<div>CONCRETE + DIRT</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <div>3-29-88</div>	EPA IDENTIFICATION CODE NO. <div>140040928521</div>	
COMPANY NAME <div>DELCO MORAINÉ DIV. GMC</div>		STATE I.D. NO. _____		
ADDRESS <div>1420 WISCONSIN BLVD.</div>		PURCHASE ORDER _____		
CITY <div>DAYTON,</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <div>David New</div>		Print Name <div>DAVID NEW</div>	Phone <div>455-6391</div>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <div>STATE</div>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <div>SOUTH DAYTON LANDFILL</div>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <div>DAYTON</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19412

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#6</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<i>NonHaz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NonHaz</i>		<i>30yds</i>	<i>BOX</i>	<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-31-88</u>		EPA IDENTIFICATION CODE NO. <u>042D010928521</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <u>DAVID NEIL</u>		Phone <u>455-1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19717

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div>NonHaz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>David Neel</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>NonHaz</div>		<div>30yds</div>	<div>BOX</div>	<div>FLYASH</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>4-5-88</u>		EPA IDENTIFICATION CODE NO. <u>07AD060928501</u>	
COMPANY NAME	<u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS	<u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY	<u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>454</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neel</u>	Print Name <u>DAVID NEEL</u>		Phone <u>455-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____			
ADDRESS	JOB I.D. NO. _____			
CITY	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO. _____			
ADDRESS	JOB NO. _____			
CITY	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49423

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non-Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>R. New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non-Haz</i>		<i>3000s</i>	<i>Box</i>	<i>FLYASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>4-8-88</i>	EPA IDENTIFICATION CODE NO. <i>OH D060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEU</i>	Phone <i>435-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAHKE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49426

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION <u>NonHaz</u>				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>[Signature]</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHaz</u>		<u>304 lbs</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-8-81</u>	EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID DEE</u>	Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 79425

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHaz</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHaz</u>		<u>30yds</u>	<u>Box</u>	<u>Flyash</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-11-88</u>		EPA IDENTIFICATION CODE NO. <u>014206098361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>454</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature _____		Print Name _____		Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10291

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				# 5	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: Wayne Watson					
				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	SCRAP BOX	SCRAP WOOD	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-12-89</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your record.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
CITY _____		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. (Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.)					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09488

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Norm Hay</u> <u>D. New</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Norm Hay</u>		<u>30 yds</u>	<u>Box</u>	<u>FLY ASH</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-13-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D06092854</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Daniel New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 49436

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<div style="text-align: center; font-size: 1.5em;">Non Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="text-align: center; font-size: 1.5em;">C. New</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="text-align: center; font-size: 1.5em;">Non Haz</div>		30476	Box	FLASH
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-17-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928361</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>454</u> PHONE _____		
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>C. New</u>		Print Name <u>DAVID NEW</u>		Phone <u>4566391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____ ZIP _____ PHONE _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. AP 737

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Hg					
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Hg		30 yds	Box	SCRAP WOOD	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-17-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>456-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAAR</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 97776

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="font-size: 2em; text-align: center;">15</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Scrap Wood</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>4-20-81</i>	EPA IDENTIFICATION CODE NO. <i>ORD010928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>			
Signature <i>[Signature]</i>	Print Name <i>DAVID NEU</i>	Phone <i>755-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019752

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				H5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NonHaz					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NonHaz		34pps	Box	FLYASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-22-88</u>		EPA IDENTIFICATION CODE NO. <u>2H2D616928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>465-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

TURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 094518

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____</div>	
<i>NonHaz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>Call New</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>NonHaz</i>		<i>30 yds</i>	<i>Box</i>	<del>XXXXXXXXXXXXXXXXXXXX</del> <i>FLYASH</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>4-25-88</i>	EPA IDENTIFICATION CODE NO. <i>OH D01892824</i>		
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>					
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6291</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAHE</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____					
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49456

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;"><u>115</u></div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>DMU</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>	<u>BOX</u>	<u>SCRAP WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-25-88</u>	EPA IDENTIFICATION CODE NO. <u>DA1010928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SOME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19442

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;"><u>115</u></div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHaz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>Allen</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHaz</u>		<u>3000</u>	<u>Box</u>	<u>FLYASH</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
<b>ADDITIONAL INFORMATION:</b>					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>4-27-88</u>		EPA IDENTIFICATION CODE NO. <u>DA0010728321</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David</u>		Print Name <u>DAVID</u>		Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SALE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

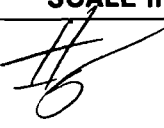
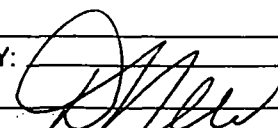


NO. 49423

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		3000	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-27-88</u>		EPA IDENTIFICATION CODE NO. <u>DA000028561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>		CITY <u>DAYTON,</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SMF</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19470

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: 				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>30 yds</u>	<u>Box</u>	<u>FLYASH</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>4-29-88</u>		EPA IDENTIFICATION CODE NO. <u>04D060928521</u>
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature 		Print Name <u>DAVID NELLY</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY 		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LAND FILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



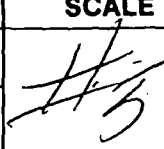
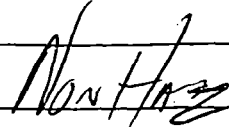
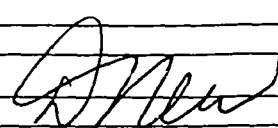
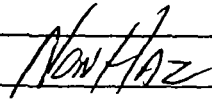
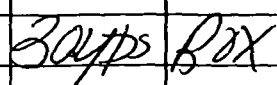
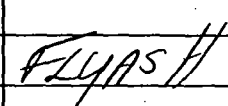
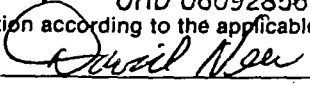
Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19473

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
				
IN CASE OF EMERGENCY, NOTIFY: 				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
				
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-2-88</u>	EPA IDENTIFICATION CODE NO. <u>DA0010428561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature 		Print Name <u>DAVID NEW</u>		Phone <u>435-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS <u>STATE</u>		JOB I.D. NO. _____		
CITY <u>STATE</u>	STATE <u>STATE</u>	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09479

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO.    TRACTOR NO.	
Non-Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Mew</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non-Haz		3000	Box	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-4-88</u>	EPA IDENTIFICATION CODE NO. <u>04D060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____		Print Name _____	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 49478

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			#5	
Non Haz			NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>			TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	Concrete & DIRT
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>3-4-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DALTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY		STATE		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DALTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY <u>DALTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 119487

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: right; font-size: 2em;">#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO.	
NonHaz				
IN CASE OF EMERGENCY, NOTIFY: <u>Officer</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHaz		30405	Box	FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-5-88</u>	EPA IDENTIFICATION CODE NO. <u>OH010928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFTE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** 019418☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.**EMERGENCY INFORMATION****SCALE INFORMATION**

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY:

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

**SHIPPING INFORMATION**

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHaz		304.05	Box	Scrap Wood

**MATERIAL DISPOSITION**☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_ADDITIONAL  
INFORMATION:**CERTIFICATION**

GENERATOR DATE SHIPPED 5-5-81 EPA IDENTIFICATION CODE NO. 04D060928541  
COMPANY NAME DELCO MORaine DIV. GMC STATE I.D. NO. \_\_\_\_\_  
ADDRESS 1420 WISCONSIN BLVD. PURCHASE ORDER \_\_\_\_\_  
CITY DAYTON, STATE OHIO 45401 ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature David New Print Name DAVID NEW Phone 455-6391

TRANSPORTER

EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY SAF STATE I.D. CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY SARAH DAYTON LADKIN STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY Dayton STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





# ENVIRONMENTAL MANIFEST

NO. 49781

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<i>Drew</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>3yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>5-7-88</i>		EPA IDENTIFICATION CODE NO. <i>04D060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON,</i>		STATE <i>OHIO</i> ZIP <i>45401</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SANIT</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____    ZIP _____    PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>Dayton</i>		STATE <i>OHIO</i> ZIP _____    PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. AP487

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Shew</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>300 lbs</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>5-7-88</i>	EPA IDENTIFICATION CODE NO. <i>OH0010928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David Shew</i>		Print Name <i>DAVID SNEW</i>	Phone <i>453-1391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019788

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<u>#5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>3 bags</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-7-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19789

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Officer</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-7-88</u>	EPA IDENTIFICATION CODE NO. <u>DA0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09490

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO.    TRACTOR NO.	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		3 yds	Box	CONCRETE & DIRT	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>5-7-88</u>	EPA IDENTIFICATION CODE NO. <u>04006092854</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>					
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFTE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19497

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____		
<div>Non HAZ</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non HAZ</div>		<div>30yds</div>	<div>Box</div>	<div>CONCRETE &amp; DIRT</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <div>5-7-88</div>	EPA IDENTIFICATION CODE NO. <div>ORD060928561</div>	
COMPANY NAME <div>DELCO MORaine DIV. GMC</div>		STATE I.D. NO. _____		
ADDRESS <div>1420 WISCONSIN BLVD.</div>		PURCHASE ORDER _____		
CITY <div>DAYTON</div>	STATE <div>OHIO</div>	ZIP <div>45401</div>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <div>David New</div>		Print Name <div>DAVID NEW</div>	Phone <div>455-6391</div>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <div>SPARK</div>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <div>SOUTH DAYTON LANDFILL</div>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <div>Dayton</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49493

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<div>NonHaz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>Drew</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>NonHaz</div>		<div>30yds</div>	<div>Box</div>	<div>SCRAP WOOD</div>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>5-9-88</u>	EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE <u>435-6391</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Drew</u>		Print Name <u>DAVID NEU</u>	Phone <u>435-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SATAH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 19495

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non Haz</i>			<i>#5</i>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Drew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30yds</i>	<i>BOX</i>	<i>FLYB H</i>
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>6-9-88</i>	EPA IDENTIFICATION CODE NO. <i>040040928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David Nece</i>		Print Name <i>DAVID NECE</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAFARI</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <i>[Signature]</i>		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44501

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">NonHAZ</div>			<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Don New</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHAZ		30 yds	Box	FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-12-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0560928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Don New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAAFE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49507

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non/Haz</i>			<i>#5</i>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Owner</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non/Haz</i>		<i>304LDS</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>5-14-88</i>		EPA IDENTIFICATION CODE NO. <i>OH000928561</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David Nece</i>		Print Name <i>DAVID NECE</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAFTE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49508

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DMU</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3 bags</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>5-14-88</i>		EPA IDENTIFICATION CODE NO. <i>OH00028661</i>
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>				STATE I.D. NO. _____
ADDRESS <i>1420 WISCONSIN BLVD.</i>				PURCHASE ORDER _____
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAND</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 097307

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">NonHaz</div>			<div style="font-size: 1.5em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHaz		30 yds	Box	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>4556391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49506

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">#3</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Offen</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>NonHaz</u>		<u>3 apx Box</u>		<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49503

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<i>Drew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3 bags</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-14-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928541</u>
COMPANY NAME <u>DELCO MORAIN DIV GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77512

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>DMU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		3000	Box	<del>Concrete</del>	
				CONCRETE	
				DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-16-88</u>		EPA IDENTIFICATION CODE NO. <u>6HDD00928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAATE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUT H DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19813

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <i>Non Haz</i>			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>Owner</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30425</i>	<i>Box</i>	<i>FLYASH</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>5-17-81</i>	EPA IDENTIFICATION CODE NO. <i>042060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	45401	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>STATE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 42577

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>Non Hg</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<div>Non Hg</div>		<div>3000</div>	<div>Box</div>	<div>SCRAPWOOD</div>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-18-88</u>		EPA IDENTIFICATION CODE NO. <u>01AD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Nell</u>		Print Name <u>DAVID NELL</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>DAYTON</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17526

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30 yds	Box	Concrete + Dirt	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>5-20-88</u>		EPA IDENTIFICATION CODE NO. <u>OH000092834</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>435-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>STATE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09528

<b>EMERGENCY INFORMATION</b>					<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION					#5  NET WT. _____ TRAILER NO.    TRACTOR NO.	
Non Haz  IN CASE OF EMERGENCY, NOTIFY: <u>Delco</u>						
<b>SHIPPING INFORMATION</b>						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
Non Haz		30 yds	Box	Scrap Wood		
<b>MATERIAL DISPOSITION</b>						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
<b>CERTIFICATION</b>						
GENERATOR		DATE SHIPPED <u>5-23-88</u>		EPA IDENTIFICATION CODE NO. <u>04D060928591</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>
CITY _____		STATE _____		ZIP _____		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>SAF</u>		STATE I.D. CODE _____		JOB I.D. NO. _____		
ADDRESS _____		CITY _____		STATE _____		ZIP _____
CITY _____		STATE _____		ZIP _____		PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____		
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____
CITY _____		STATE _____		ZIP _____		PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 77539

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non-Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>ATL</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non-Haz		30 yds	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-26-88</u>		EPA IDENTIFICATION CODE NO. <u>040080928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6341</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAF</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19553

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: <u>Non Haz</u>			<p>_____</p> <p>_____</p>	
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>	<u>BOX</u>	<u>SCRAP WOOD</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>6-7-80</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>453-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____		
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		ZIP _____		
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09560

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="text-align: center; font-size: 2em;">H/S</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">[Signature]</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3000	Box	SCRAP Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-10-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D010 928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09587

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Non Haz</u> <u>DM</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>3 yds</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-29-88</u>		EPA IDENTIFICATION CODE NO. <u>OHDA0928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>4541</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAFEME</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		STATE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>		JOB NO. _____		PHONE _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		STATE <u>OHIO</u>	
CITY _____		STATE _____		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19596

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">NonHAZ</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 2em;">D. New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NonHAZ		3000	BOX	Anchorage 3
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input checked="" type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		7-5-88	OH 060928561	
ADDRESS		DELCO MORAIN DIV. GMC	STATE I.D. NO.	
1420 WISCONSIN BLVD.			PURCHASE ORDER	
CITY	DAYTON,	STATE	OHIO	45401
ZIP		PHONE		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name		Phone
D. New		DAVID NEW		4536391
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	SAME	STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	DAYTON	STATE	OHIO	ZIP
PHONE				
This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date
Patricia A. Wilcher		PATRICIA A. WILCHER		7/13/88





Delco Moraine

TM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19594

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-5-88</u>	EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	45	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEEL</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17603

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Allen</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>	<u>BOX</u>	<u>BOXES &amp; BAILS</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-8-88</u>		EPA IDENTIFICATION CODE NO. <u>047000928351</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	4540	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10430

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YOS</u>	<u>BOX</u>	<u>SCRAP WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify)	<u>DUMP</u>

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>7-11-89</u>	EPA IDENTIFICATION CODE NO.		
COMPANY NAME		STATE I.D. NO.		
ADDRESS		PURCHASE ORDER		
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>		
TRANSPORTER	EPA IDENTIFICATION NO.			
COMPANY	STATE I.D. CODE			
ADDRESS <u>STATE</u>	JOB I.D. NO.			
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature	Print Name	Date Received		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.			
ADDRESS	JOB NO.			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature	Print Name	Date		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19830

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div>#3</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>[Signature]</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3000s	Box	SCAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-25-88</u>		EPA IDENTIFICATION CODE NO. <u>OH2060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____		PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49238

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>			<i>20 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <i>7-21-88</i>		EPA IDENTIFICATION CODE NO. <i>OH D028561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>				STATE I.D. NO. _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>				PURCHASE ORDER _____	
CITY <i>DAYTON,</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>					
Signature <i>[Signature]</i>		Print Name <i>DAVID NEU</i>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <i>Dayton</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09237

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">  NET WT. _____ TRAILER NO.    TRACTOR NO. _____</div>	
<div style="text-align: center;">  IN CASE OF EMERGENCY, NOTIFY: </div>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non-Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>7-20-88</u>		EPA IDENTIFICATION CODE NO. <u>OHDOC8928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY _____		PHONE _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature		Print Name <u>DAVID NEU</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAD</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19673

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			#5	
IN CASE OF EMERGENCY, NOTIFY: <u>John</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		2425	Box	CONCRETE Y PRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-28-88</u>	EPA IDENTIFICATION CODE NO. <u>DHDD0928521</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above described materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>433-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49642

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NonHAZ</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DMC</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>NonHAZ</u>		<u>30yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-28-88</u>		EPA IDENTIFICATION CODE NO. <u>DEL000092854</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45401</u>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SPARK</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49477

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			#5	
IN CASE OF EMERGENCY, NOTIFY: <u>DM</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3 yds	BOX	CONCRETE & RT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-28-88</u>	EPA IDENTIFICATION CODE NO. <u>OH001092861</u>	
COMPANY NAME <u>DELCO MORAIN DIV/GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NECE</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOOTER DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49845

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<i>[Signature]</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3 app</i>	<i>Box</i>	<i>CONCRETE</i> <i>&amp; DIRT</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>7-28-88</i>	EPA IDENTIFICATION CODE NO. <i>OHDO60928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>DAVID NEU</i>	Phone <i>455-1291</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19677

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">H5</div> NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Driver</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds Box		CONCRETE & DIRT
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-2-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0016928551</u>
COMPANY NAME		DELCO MORaine DIV. GMC		STATE I.D. NO. _____
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER _____
CITY		DAYTON,	STATE	OHIO
			ZIP	45401
			PHONE	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		ZIP _____		
		PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY		ZIP _____		
		PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019278

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>David New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>8-2-88</i>	EPA IDENTIFICATION CODE NO. <i>01AD010928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAME</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON SANDWELL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 79135

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>David Nell</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz			30yds	BOX	SCRAP WOOD
					Box 3
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>8-7-88</u>		EPA IDENTIFICATION CODE NO. <u>04D06918361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>4540</u> PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Nell</u>		Print Name <u>DAVID NELL</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49853

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30475</i>	<i>Box</i>	<i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>8-4-88</i>		EPA IDENTIFICATION CODE NO. <i>04D060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON, OHIO</i>		ZIP <i>45401</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>DAVID NEU</i>		Phone <i>452-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49852

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3apps	Box	SCRAPWOOD POWERHOUSING
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR	DATE SHIPPED <u>8-4-88</u>	EPA IDENTIFICATION CODE NO. <u>OH000928561</u>		
COMPANY NAME	DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS	1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY	DAYTON,	STATE	OHIO	45401 ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature	<u>David New</u>	Print Name	<u>DAVID NEW</u>	Phone <u>435-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS	CITY		STATE	ZIP
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature	Print Name		Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO. _____		JOB NO. _____	
ADDRESS	CITY		STATE	ZIP
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature	Print Name		Date	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 79158

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;"><u>H</u> <u>6</u></div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<u>Non Haz</u>					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30yds</u>	<u>BOX</u>	<u>SCRAP WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-8-88</u>	EPA IDENTIFICATION CODE NO. <u>04D006928561</u>		
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LADALE</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		





**Delco Moraine**

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 79763

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
NonHAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Drew</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
NonHAZ		3000	Box	CONCRETE & DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-10-88</u>		EPA IDENTIFICATION CODE NO. <u>040060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Drew New</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49627

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 20px;">#5</div> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: _____				
New				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	CONCRETE & DIRT
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>8-10-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>
				PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____
				PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LAND FILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____
				PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49665

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<i>DMW</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>BOX</i>	<i>CONCRETE + DIRT</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>8-10-88</i>		EPA IDENTIFICATION CODE NO. <i>04D060928561</i>	
COMPANY NAME <i>DELCO MORAIN DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP <i>454</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAF</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <i>P. Wilcher</i>		Print Name <i>P. WILCHER</i>		Date <i>8-25-88</i>	



Delco Moraine

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# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10481

## EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

NON HAZ

IN CASE OF EMERGENCY, NOTIFY

*Wayne Watson*

## SCALE INFORMATION

#5

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) DUMP

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 8-14-89 EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PURCHASE ORDER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature *Wayne Watson* Print Name WAYNE WATSON Phone 455-6391

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY \_\_\_\_\_ STATE I.D. CODE \_\_\_\_\_  
ADDRESS SAME JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10426

## EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

NON HAZ

IN CASE OF EMERGENCY, NOTIFY: Wayne Watson

## SCALE INFORMATION

#5

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
-----------------------------	--------------	----------	----------------	----------------------

NON HAZ

30 YDS

BOX

SCRAP WOOD

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☒ OTHER (Specify) DUMP

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR DATE SHIPPED 8-16-89 EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ STATE I.D. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PURCHASE ORDER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson Print Name WAYNE WATSON Phone 455-639

TRANSPORTER EPA IDENTIFICATION NO. \_\_\_\_\_

COMPANY \_\_\_\_\_ STATE I.D. CODE \_\_\_\_\_

ADDRESS SAHLE JOB I.D. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_

CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09775

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30 yds	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-16-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS <u>SAME</u>		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LACKM</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>DAYTON</u>		CITY _____		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 10989

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
<u>Wayne Watson</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>SCRAP WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify)	<u>DUMP</u>

ADDITIONAL INFORMATION:

## CERTIFICATION

GENERATOR	DATE SHIPPED <u>8-17-89</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____	STATE I.D. NO. _____	
ADDRESS _____	PURCHASE ORDER _____	
CITY _____	STATE _____	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson Print Name WAYNE WATSON Phone 455-6391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

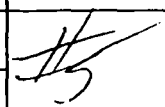
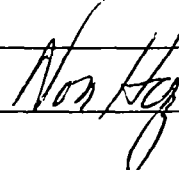
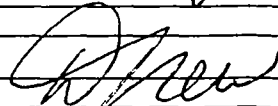
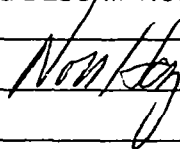



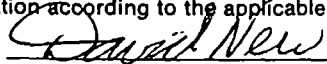
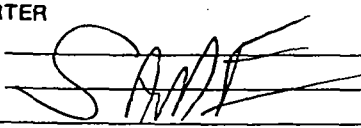
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 19783

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
				
IN CASE OF EMERGENCY, NOTIFY: 				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
				
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D048928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature 		Print Name <u>DAVID NEW</u>		Phone <u>465-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY 		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09787

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<i>Non Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Scrap wood</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: \_\_\_\_\_

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-27-88</u>	EPA IDENTIFICATION CODE NO. <u>OH060928521</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>	STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
Signature <u>[Signature]</u>	Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10500

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-25-89</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAME</u>		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1050

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-25-89</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Ico Moraine  
2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1056

## EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

NON HAZ

IN CASE OF EMERGENCY, NOTIFY: Wayne Watson

## SCALE INFORMATION

# 5

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

## MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) \_\_\_\_\_

ADDITIONAL  
INFORMATION:

## CERTIFICATION

GENERATOR \_\_\_\_\_ DATE SHIPPED 8-29-87 EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PURCHASE ORDER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson Print Name WAYNE WATSON Phone 455-6391

TRANSPORTER \_\_\_\_\_ EPA IDENTIFICATION NO. \_\_\_\_\_  
COMPANY \_\_\_\_\_ STATE I.D. CODE \_\_\_\_\_  
ADDRESS SAME JOB I.D. NO. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Received \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY \_\_\_\_\_ EPA IDENTIFICATION CODE NO. \_\_\_\_\_  
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_  
CITY DAYTON STATE OHIO ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09795

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>David New</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30425</i>	<i>Box</i>	<i>LAND FILL</i> <i>SOUTH DAYTON</i> <i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input checked="" type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>8-27-88</i>		EPA IDENTIFICATION CODE NO. <i>OH/DOL 0628561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>1420 WISCONSIN BLVD.</i>		CITY <i>DAYTON</i>		PHONE _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45401</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <i>SAF</i>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <i>SOUTH DAYTON LANDFILL</i>		ADDRESS _____		JOB NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19798

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10511

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZ</div>			<div style="font-size: 2em; font-weight: bold;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: <u>Li Wayne Watson</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>							
<b>ADDITIONAL INFORMATION:</b>							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>8-31-89</u>	EPA IDENTIFICATION CODE NO. _____				
COMPANY NAME _____		STATE I.D. NO. _____					
ADDRESS _____		PURCHASE ORDER _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>Li Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY _____		STATE I.D. CODE _____					
ADDRESS <u>STATE</u>		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49799

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____</div>	
<div style="text-align: center;"><i>Non Haz</i></div>					
<div style="text-align: center;"><i>R New</i></div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-1-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928361</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		45401 ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAF</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 191807

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Orlew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>9-1-81</i>	EPA IDENTIFICATION CODE NO. <i>DR006082154</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-1391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119807

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">Drew</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30yds	Box	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-6-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45406</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>	Phone <u>435-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SANF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LAND FILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119806

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Hazard					
IN CASE OF EMERGENCY, NOTIFY: <u>Office</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Hazard		30 yds	Box	Scrap Wood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-6-88</u>	EPA IDENTIFICATION CODE NO. <u>04DD06092854</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6591</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____	Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____	Date _____		

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 0798710

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">C. Allen</div>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<div style="font-size: 1.5em;">Non Haz</div>		<div style="font-size: 1.5em;">30 pps</div>	<div style="font-size: 1.5em;">Box</div>	<div style="font-size: 1.5em;">Scrubbed</div>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>9-8-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAF</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

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GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 098VB

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: _____ <i>[Signature]</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 pds</i>	<i>Box</i>	<i>SCRAP Wood</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-9-88</u>	EPA IDENTIFICATION CODE NO. <u>04D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	45401	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

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GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119818

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Nm / Long</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Shew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>38 yds</i>	<i>Box</i>	<i>SCRAP WOOD</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>9-12-80</i>	EPA IDENTIFICATION CODE NO. <i>040016928361</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

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Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 99819

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 2em;">Non/Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NE</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<div style="text-align: center; font-size: 2em;">Non/Haz</div>		<div style="text-align: center; font-size: 2em;">3000s</div>	<div style="text-align: center; font-size: 2em;">Box</div>	<div style="text-align: center; font-size: 2em;">SCRAPWOOD</div>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-12-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0010221561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>DAVID NE</u>		Print Name <u>DAVID NE</u>		Phone <u>455-6391</u>	
TRANSPORTER					
COMPANY <u>SAF</u>		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY					
COMPANY <u>SOUTH DAYTON LANDFILL</u>		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

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**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 79827

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">Drew</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3 bags	Box	Scrap Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-14-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO TRUCK DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19825

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30yds	Box	Scrap Wood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-17-88</u>		EPA IDENTIFICATION CODE NO. <u>OH2060928521</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		45401 ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAFIE</u>		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49831

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEW</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-16-88</u>		EPA IDENTIFICATION CODE NO. <u>OH00092854</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>454-391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAF</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO. 019637

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION:				<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>Non Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: <div>John</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<div>NonHAZ</div>		<div>30yds</div>	<div>Box</div>	<div>CONCRETE &amp; DIRT</div>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR:		DATE SHIPPED <u>9-11-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45424</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09F83

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>D. New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>CONCRETE + DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>9-17-81</i>		EPA IDENTIFICATION CODE NO. <i>OH0010928561</i>
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>		STATE <i>OHIO</i>		454 ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>Daniel New</i>		Print Name <i>DAVID NEU</i>		Phone <i>455-6391</i>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09834

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<u>#5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>Non Haz</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 PDS.</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-17-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAIF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49835

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Hvy</div>			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEW</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Hvy</u>		<u>30 yds</u>	<u>Box</u>	<u>CONCRETE &amp; DIRT</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-17-88</u>	EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

**NO.** 49832

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;"><u>15</u></div> NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Drew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>3aps</i>	<i>Box</i>	<i>CONCRETE &amp; DIRT</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-17-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDP060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09836

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non/Haz		30 yds Box		CONCRETE & DIRT
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
<b>ADDITIONAL INFORMATION:</b>				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>9-17-08</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	45401	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 79838

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Office</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	<del>CONCRETE</del> SCRAPWOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-19-88</u>	EPA IDENTIFICATION CODE NO. <u>DH0010928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE <u>455-6391</u>
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77842

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>D. New</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-20-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>454</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <u>DAVID NEW</u>		Phone <u>4556391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAVE</i>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19840

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non-Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non-Haz		3000	Box	BOXES + BANDS	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-23-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45411</u>			
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>					
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>453-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTHERN DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		PHONE _____	
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 07847

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div>			
IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
<u>Non Haz</u>		<u>3405 Box</u>		<u>Scrap Wood</u>		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>9-22-88</u>	EPA IDENTIFICATION CODE NO. <u>OH000928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>456-6391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>S.A.M.E.</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____	Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____	Date _____			



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19850

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
<div>Non/Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>Dr. New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non/Haz</div>		<div>30 yds</div>	<div>Box</div>	<div>Scrap Wood</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED		EPA IDENTIFICATION CODE NO.
COMPANY NAME		DELCO MORAIN DIV. GMC		<div>9-23-88</div>
ADDRESS		1420 WISCONSIN BLVD.		STATE I.D. NO. _____
CITY		DAYTON,	STATE	OHIO
			ZIP	45401
			PHONE	_____
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name		Phone
<div>David New</div>		<div>DAVID NEW</div>		<div>455-6391</div>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY		STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY		STATE	ZIP	PHONE
<div>Dayton</div>		<div>OHIO</div>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19859

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div style="margin-bottom: 10px;">NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Haz		30yds	Box	Concrete Dnt	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-24-88</u>		EPA IDENTIFICATION CODE NO. <u>04D060928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON, OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEA</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>S.A.A.T.E.</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>Dayton</u>		CITY <u>Dayton</u>		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49858

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em; margin-top: 20px;">Non Haz</div> IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>			<div style="text-align: center; font-size: 2em; margin-top: 20px;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
Non Haz		304ps	Box	Concrete + Dirt		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>4-24-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0 060928561</u>		
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____				
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____				
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45408</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>David Meca</u>		Print Name <u>DAVID MECA</u>		Phone <u>455-6391</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>SAF</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____	STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SWH Dayton Landfill</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 198610

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>D New</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Scrap Wood</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>9-29-88</i>	EPA IDENTIFICATION CODE NO. <i>OH000928561</i>	
COMPANY NAME	<i>DELCO MORaine DIV. GMC</i>	STATE I.D. NO. _____	
ADDRESS	<i>1420 WISCONSIN BLVD.</i>	PURCHASE ORDER _____	
CITY	<i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i> PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>D New</i>	Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____		
ADDRESS	JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO. _____		
ADDRESS	JOB NO. _____		
CITY	STATE	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 471837

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>Non Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>David New</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>Non Haz</div>		<div>3 bags</div>	<div>Box</div>	<div>Cement + Dirt</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <div>9-24-88</div>	EPA IDENTIFICATION CODE NO. <div>04D 060928561</div>	
COMPANY NAME <div>DELCO MORaine DIV. GMC</div>		STATE I.D. NO. _____		
ADDRESS <div>1420 WISCONSIN BLVD.</div>		PURCHASE ORDER _____		
CITY <div>DAYTON</div>	STATE <div>OHIO</div>	ZIP <div>454</div>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <div>David New</div>		Print Name <div>DAVID NEEL</div>	Phone <div>455-2391</div>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <div>SAME</div>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <div>SOUTH DAYTON LANDFILL</div>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <div>Dayton</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09854

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<i>Non Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>Allen</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>300 lbs</i>	<i>Box</i>	<i>Concrete Dust</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-29-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____	
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
Signature <i>David New</i>	Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY _____		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
Signature _____	Print Name _____	Date _____	

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 491850

<b>EMERGENCY INFORMATION</b>				<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
Non Haz					
IN CASE OF EMERGENCY, NOTIFY: _____					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION		HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz			3000 Box		Concrete Dust
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-24-88</u>		EPA IDENTIFICATION CODE NO. <u>OH0006928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>453-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAF</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09257

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non/Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non/Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Concrete + Dirt</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>9-24-88</i>	EPA IDENTIFICATION CODE NO. <i>OH D060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	45401	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>DAVID NEU</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>[Signature]</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS <i>[Signature]</i>		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>Ohio</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49853

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. TRACTOR NO.	
Non/Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non/Haz		304ps	Box	Concrete & Dirt
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-24-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0610928561</u>	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45406</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>456391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Lough Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1985V

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
Non Hvy					
IN CASE OF EMERGENCY, NOTIFY: <u>Dr. New</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non Hvy		30 YDS	BOX	CONCRETE & DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-27-88</u>		EPA IDENTIFICATION CODE NO. <u>0420028361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____	
CITY _____		STATE <u>OHIO</u>		ZIP <u>45401</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAF</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>South Dayton Landfill</u>		ADDRESS _____		JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>Ohio</u>		ZIP _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09852

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non-Haz</div>			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>                    </u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non-Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>Concrete + Dirt</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>9-27-88</u>	EPA IDENTIFICATION CODE NO. <u>042060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	45400	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID</u>	Phone <u>435-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>                    </u>		STATE I.D. CODE _____		
ADDRESS <u>                    </u>		JOB I.D. NO. _____		
CITY <u>                    </u>	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19862

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			#5	
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>3 app</u>	<u>Box</u>	<u>Scrap Wood</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>9-25-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO080928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Paul New</u>		Print Name <u>PAUL NEW</u>	Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.     

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em; margin-top: 20px;">Non-Haz</div>				#5	
IN CASE OF EMERGENCY, NOTIFY <div style="text-align: center; font-size: 1.5em;">New</div>				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non-Haz		20 yds	Box	Scrap Wood	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>9-27-88</u>		EPA IDENTIFICATION CODE NO. <u>OKD060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAME</u>		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19832

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non / Haz</div>			<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non / Haz</u>		<u>30yds</u>	<u>Box</u>	<u>SCRAP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-30-88</u>	EPA IDENTIFICATION CODE NO. <u>040060928561</u>	
COMPANY NAME <u>DELCO MORAINTE DIV. GAC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE <u>455-6391</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAAT</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>OW SOUTH DAYTON DANFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 19825

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non / Haz</div>			<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: <u>Officer</u>							
<b>SHIPPING INFORMATION</b>							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
<u>Non / Haz</u>		<u>3000</u>	<u>Box</u>	<u>Crusher Dust</u>			
<b>MATERIAL DISPOSITION</b>							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
<b>CERTIFICATION</b>							
GENERATOR		DATE SHIPPED <u>10-1-88</u>	EPA IDENTIFICATION CODE NO. <u>OH1060928361</u>				
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>	Phone <u>435-6391</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAVE</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____		STATE _____	ZIP _____	PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>Dayton</u>		STATE <u>Ohio</u>	ZIP _____	PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19824

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Miller</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<i>Non Haz</i>	<i>30 lbs</i>	<i>Box</i>	<i>Concrete &amp; Dirt</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>10-1-81</i>	EPA IDENTIFICATION CODE NO. <i>OHADL02854</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45403</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>465-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>State</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>South Dayton Landfill</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton O</i>	STATE <i>Ohio</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19823

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>30 yds</u>	<u>Box</u>	<u>Crushed + dirt</u>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-1-81</u>	EPA IDENTIFICATION CODE NO. <u>OH060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>456-3911</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19822

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
<div>New Htz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>Allen</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	New Htz	3cups	Box	Concrete & Dirt
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-1-88</u>	EPA IDENTIFICATION CODE NO. <u>OHDO00928561</u>	
COMPANY NAME <u>DELCO MORaine DIV, GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>4560</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17830

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non Haz</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<u>Non Haz</u>		<u>24 yds</u>	<u>BOX</u>	<u>Concrete &amp; Dirt</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>10/1/88</u>		EPA IDENTIFICATION CODE NO. <u>OHDD010928321</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>
PURCHASE ORDER _____		PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SMF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY <u>South Dayton Landfill</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>Ohio</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 17829

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			#5	
Non Haz			NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DMU</u>			TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		300 lbs	Box	Concrete Out
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-1-88</u>		EPA IDENTIFICATION CODE NO. <u>0442 010928501</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		PHONE _____
STATE <u>OHIO</u>		ZIP <u>45401</u>		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neil</u>		Print Name <u>DAVID NEIL</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Frank Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS <u>Dayton</u>		JOB NO. _____		
CITY <u>Dayton</u>		STATE <u>Ohio</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 179226

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION <i>Non Haz</i>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <i>D. New</i>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Concrete Dust</i>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <i>10-1-88</i>	EPA IDENTIFICATION CODE NO. <i>OHIO 060928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>[Signature]</i>		Print Name <i>DAVID NEW</i>	Phone <i>455-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAF</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>Stuck Dayton Landfill</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>Ohio</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 19828

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
<div style="text-align: center; font-size: 1.5em;">Non Haz</div>				
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">DME</div>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div style="text-align: center; font-size: 1.5em;">Non Haz</div>		<div style="text-align: center; font-size: 1.5em;">300ps</div>	<div style="text-align: center; font-size: 1.5em;">Box</div>	<div style="text-align: center; font-size: 1.5em;">Concrete + Dirt</div>
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>10-1-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>4540</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEE</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 019FB17

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>DMO</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>SCRAP WOOD</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>10-2-86</i>		EPA IDENTIFICATION CODE NO. <i>040610928361</i>	
COMPANY NAME <i>DELCO MORAIN</i>				STATE I.D. NO. _____	
ADDRESS <i>1420 WISLON S IN BLVD</i>				PURCHASE ORDER _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45401</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone <i>453-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAH</i>				STATE I.D. CODE _____	
ADDRESS <i>SAH</i>				JOB I.D. NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON LANDFILL</i>				STATE I.D. NO. _____	
ADDRESS <i>SAH</i>				JOB NO. _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 997838

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO.	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>DAVID NEU</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 pds</i>	<i>Box</i>	<i>SCRAP U600</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input checked="" type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>10-3-88</i>	EPA IDENTIFICATION CODE NO. <i>0H206092561</i>	
COMPANY NAME <i>DELCO MORAINIE</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN AVE</i>		PURCHASE ORDER _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David Neu</i>		Print Name <i>DAVID NEU</i>	Phone <i>755-6391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAATE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON RAIL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09859

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
NON HAZ		30 YDS.	Box	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-5-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0066928361</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that <u>OH0066928361</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 008778

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 pps	Box	Concrete & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-7-01</u>	EPA IDENTIFICATION CODE NO. <u>0H0010928521</u>	
COMPANY NAME <u>DELCO MORAINES DU. CO</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>	Phone <u>455-1391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAF</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.            

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZ</div>			#5  NET WT. _____ TRAILER NO.    TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	SCRAP WOOD + BLOCKS
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON,</u>		PURCHASE ORDER _____		
CITY <u>OHIO</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>C. Mullins</u>		Print Name <u>C. MULLINS</u>		Date <u>10/18/88</u>



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.            

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 20px;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS.	BOX	ANCHOR PAK #3	
				TRASH	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR <u>DELCO MORAINES, GMC</u>			EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>			STATE I.D. NO. _____		
ADDRESS <u>DAYTON,</u>			PURCHASE ORDER _____		
CITY <u>OHIO</u> STATE <u>OHIO</u> ZIP <u>45401</u>			PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER			EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>			STATE I.D. CODE _____		
ADDRESS _____			JOB I.D. NO. _____		
CITY _____ STATE _____			ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Date Received _____	
TREATMENT/DISPOSAL FACILITY			EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>			STATE I.D. NO. _____		
ADDRESS _____			JOB NO. _____		
CITY <u>DAYTON</u> STATE <u>OHIO</u>			ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Carol Raso</u>		Print Name _____		Date <u>10-20-88</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 198778

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>					
IN CASE OF EMERGENCY, NOTIFY: <i>D New</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>Non Haz</i>		<i>3475</i>	<i>Box</i>	<i>Scrap Wood</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR	DELCO MORaine DIV. GMC		DATE SHIPPED	EPA IDENTIFICATION CODE NO. <i>OHDO10928561</i>	
COMPANY NAME	1420 WISCONSIN BLVD.		STATE I.D. NO.		
ADDRESS	DAYTON,		OHIO	45401	PURCHASE ORDER
CITY	OHIO 060928561		STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature	<i>David New</i>		Print Name	<i>DAVID NEW</i>	
TRANSPORTER			EPA IDENTIFICATION NO.		
COMPANY	<i>STATE</i>		STATE I.D. CODE		
ADDRESS			JOB I.D. NO.		
CITY			ZIP		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature			Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY			EPA IDENTIFICATION CODE NO.		
COMPANY	<i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO.		
ADDRESS			JOB NO.		
CITY	<i>DAYTON</i>		STATE <i>OHIO</i>		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature			Print Name	Date	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 09856

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>David New</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3000	Box	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>10-23-88</u> EPA IDENTIFICATION CODE NO. <u>SHD060928361</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON,</u>		PURCHASE ORDER _____		
CITY <u>OHIO</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>456-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPRINT</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.            

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO.    TRACTOR NO.	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-24-88</u>	EPA IDENTIFICATION CODE NO. <u>OH0060928541</u>	
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>PAYTON,</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON OHIO</u>	STATE _____	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 119827

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>D New</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non Haz</i>		<i>30 yds</i>	<i>Box</i>	<i>Concrete &amp; Dirt</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <i>10-24-81</i>	EPA IDENTIFICATION CODE NO. <i>04700928561</i>	
COMPANY NAME <i>DELCO MORaine DIV. GMC</i>		STATE I.D. NO. _____		
ADDRESS <i>1420 WISCONSIN BLVD.</i>		PURCHASE ORDER _____		
CITY <i>DAYTON,</i>	STATE <i>OHIO</i>	ZIP <i>45401</i>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>	Phone <i>4556391</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>S Apple</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>South Dayton Landfill</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>	STATE <i>Ohio</i>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19850

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">Non Haz</div>			<div style="text-align: center; font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO.    TRACTOR NO.				
IN CASE OF EMERGENCY, NOTIFY: _____							
<div style="font-size: 1.5em;">New</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
Non Haz		30 pps	Box	BANDS & BOXES			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>10-25-88</u>		EPA IDENTIFICATION CODE NO. <u>OH060928561</u>			
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____					
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify that <u>OH060928561</u> <u>45401</u> <u>4556391</u> are properly classified, designed, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>4556391</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____		Date Received _____			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____		Date _____			



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19855

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
<div style="text-align: center; font-size: 1.5em;">Non-Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<div style="text-align: center; font-size: 1.5em;">New</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non-Haz		3000	Box	CONCRETE & DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-25-81</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD.</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 49857

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 2em;">Non-Haz</div>			<div style="font-size: 2em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non-Haz		3475	Box	CONCRETE & DIRT
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORAINES DIV. GMC</u> <u>10-25-88</u> EPA IDENTIFICATION CODE NO. <u>OH 060928561</u>				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS <u>DAYTON,</u> PURCHASE ORDER _____				
CITY <u>OHIO</u> <u>45401</u> ZIP _____ PHONE _____				
OHD 060928561				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David New</u> Print Name <u>DAVID NEW</u> Phone <u>455-6391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>STATE</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON LANDFILL</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19849

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO.    TRACTOR NO.	
Non Haz				
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		30 yds	Box	Scrap Wood
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		DATE SHIPPED <u>10-25-88</u> EPA IDENTIFICATION CODE NO. <u>OH060928561</u>		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS <u>DAYTON,</u>		PURCHASE ORDER _____		
CITY _____	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID A. EU</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19859

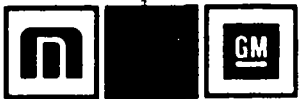
EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<i>Non-Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Shew</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non-Haz</i>		<i>30405</i>	<i>Box</i>	<i>Scrap Wood</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <i>DELCO MORANE DIV. GMC</i> EPA IDENTIFICATION CODE NO. <i>OHDD060928561</i>				
COMPANY NAME <i>1420 WISCONSIN BLVD.</i> STATE I.D. NO. _____				
ADDRESS _____ PURCHASE ORDER _____				
CITY <i>DAYTON,</i> STATE <i>OHIO</i> ZIP <i>45401</i> PHONE _____				
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i> Print Name <i>DAVID NEW</i> Phone <i>455-1391</i>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <i>SPARLE</i> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <i>SOUTH DAYTON LANDFILL</i> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <i>DAYTON</i> STATE <i>OHIO</i> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19853

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<i>Non/Haz</i>				
IN CASE OF EMERGENCY, NOTIFY: <i>Shen</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>NonHaz</i>		<i>30yds</i>	<i>Box</i>	<i>CONCRETE BLOCK</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <i>DELCO MORaine DIV. GMC</i>		EPA IDENTIFICATION CODE NO. <i>OH0010928561</i>		
COMPANY NAME <i>1420 WISCONSIN BLVD.</i>		STATE I.D. NO. _____		
ADDRESS <i>DAYTON,</i>		PURCHASE ORDER _____		
CITY <i>OHIO</i>		ZIP <i>45401</i> PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>David New</i>		Print Name <i>DAVID NEW</i>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <i>SAHIE</i>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____ ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <i>Dayton</i>		STATE <i>OHIO</i> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON HAZ</div>			# 5	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>			NET WT. _____	
			TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	SCRAP WOOD
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR <u>DELCO MORaine DIV. GMC</u>		EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME <u>1420 WISCONSIN BLVD.</u>		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER _____		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY _____		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.               

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 20px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS.	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DELCO MORAINES DIV. GMC 11-11-88		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME		1420 WISCONSIN BLVD.		STATE I.D. NO. _____	
ADDRESS		DAYTON,		PURCHASE ORDER _____	
CITY		OHIO		ZIP 45401	
		STATE OHIO		PHONE _____	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-639</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY		ZIP _____ PHONE _____			
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY		ZIP _____ PHONE _____			
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

NO.         

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; font-weight: bold; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS.	BOX	CONCRETE + DIRT	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION: _____					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>11-11-88</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____			
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____			
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS <u>SAME</u>		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>					
Signature _____		Print Name _____		Date _____	



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09151

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>Non-Haz</i>	
IN CASE OF EMERGENCY, NOTIFY: <i>[Signature]</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<i>Non-Haz</i>		<i>300 lbs</i>		<i>SCRAP WOOD</i>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <i>11/15/81</i>	EPA IDENTIFICATION CODE NO. <i>DA7D060928541</i>	
COMPANY NAME <i>DELCO MORAINA DIO CAC</i>	STATE I.D. NO. _____		
ADDRESS <i>1420 RYS EWIN BLVD</i>	PURCHASE ORDER _____		
CITY <i>Dayton</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <i>[Signature]</i>	Print Name <i>DAVID NEA</i>	Phone <i>455-6391</i>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <i>SAME</i>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <i>SOUTH DAYTON LANDFILL</i>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <i>DAYTON</i>	STATE <i>OHIO</i>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09885

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div>#5</div>  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
<div>NonHAZ</div>				
IN CASE OF EMERGENCY, NOTIFY: <div>Shew</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
<div>NonHAZ</div>		<div>30pds</div>	<div>Box</div>	<div>SCRAP LIGHT FIXTURES</div>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <div>11-17-80</div>		EPA IDENTIFICATION CODE NO. <div>04D040928541</div>
COMPANY NAME <div>DELCO MORAINES DIV. GAC</div>		STATE I.D. NO. _____		
ADDRESS <div>1420 WISCONSIN RD</div>		PURCHASE ORDER _____		
CITY <div>Dayton</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <div>David New</div>		Print Name <div>DAVID NEW</div>		Phone <div>455-6391</div>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <div>SAME</div>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <div><del>XXXXXXXXXX</del></div>		STATE I.D. NO. _____		
ADDRESS <div>SOUTH DAYTON LANDFILL</div>		JOB NO. _____		
CITY <div>Dayton</div>	STATE <div>OHIO</div>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 19853

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">Non Haz</div>			<div style="font-size: 1.5em;">#5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>DAVID NEU</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
Non Haz		3000s	Box	CONCRETE & DIRT
				POWER HOUSE
				PHD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-16-88</u>		EPA IDENTIFICATION CODE NO. <u>OH D060928561</u>
COMPANY NAME <u>DELCO MORAINÉ DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>David Neu</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-1391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAF</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____





Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 19833

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.5em;">Non HAZ</div>				<div style="text-align: center; font-size: 1.5em;">#5</div>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Officer</u>					
<b>SHIPPING INFORMATION</b>					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<u>Non HAZ</u>		<u>30 yds</u>	<u>Box</u>	<u>SCRAP WOOD</u>	
<b>MATERIAL DISPOSITION</b>					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
<b>CERTIFICATION</b>					
GENERATOR		DATE SHIPPED <u>11-17-88</u>		EPA IDENTIFICATION CODE NO. <u>OH20010928561</u>	
COMPANY NAME <u>DELCO MORAINES DIV. CMC</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.     

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5	
NON HAZ				NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS.	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>Dump</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-21-88</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME		DELCO MORAIN DIV. GMC		STATE I.D. NO. _____	
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY		DAYTON, OHIO		ZIP <u>45401</u> PHONE _____	
This is to certify that <u>0110 060928561</u> materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY		STATE _____ ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY		STATE _____ ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09857

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;"># 5</div>  NET WT. _____  TRAILER NO. _____ TRACTOR NO. _____	
Non-Haz					
IN CASE OF EMERGENCY, NOTIFY: <u>Shew</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
Non-Haz		3000s	Box	<del>SCRAP METAL</del>	
			FLYASH	<del>FLYASH</del> <del>FLYASH</del> <del>FLYASH</del>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11/22/88</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME <u>DELCO MORAIN DIV. GMC</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6391</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY				STATE I.D. CODE _____	
ADDRESS <u>SAATE</u>				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON LANDFILL</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 1000

## EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

## SCALE INFORMATION

#1

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division, General Motors Corporation, 1470 Waterman Boulevard, Dayton, Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

# CLEARANCE CERTIFICATE

**No. 0581**

Date 11-22-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		SCRAP WOOD		DUMP
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Signature W. W. [unclear] Print Name W. W. [unclear] Phone [unclear]

TRANSPORTER [unclear] EPA IDENTIFICATION NO. [unclear]

COMPANY SANIE STATE I.D. CODE [unclear]

ADDRESS [unclear] JOB I.D. NO. [unclear]

CITY [unclear] STATE [unclear] ZIP [unclear] PHONE [unclear]

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [unclear] Print Name [unclear] Date Received [unclear]

TREATMENT/DISPOSAL FACILITY [unclear] EPA IDENTIFICATION CODE NO. [unclear]

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. [unclear]

ADDRESS [unclear] JOB NO. [unclear]

CITY DAYTON STATE OHIO ZIP [unclear] PHONE [unclear]

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [unclear] Print Name [unclear] Date [unclear]

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



TH DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10003

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	30 YDS.	FLYASH

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DELCO MORaine DIV. GMC	DATE SHIPPED <u>11-22-80</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME	1420 WISCONSIN BLVD.	STATE I.D. NO. _____	PURCHASE ORDER _____
ADDRESS	CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45401</u> PHONE _____
<p>This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____		
ADDRESS	JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY	STATE I.D. NO. _____		
ADDRESS	JOB NO. _____		
CITY	STATE	ZIP	PHONE
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
Signature _____	Print Name _____	Date _____	



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10506

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	FLYASH
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORAIN DIV. GMC</u> DATE SHIPPED <u>11-23-88</u> EPA IDENTIFICATION CODE NO. _____				
COMPANY NAME _____ STATE I.D. NO. _____				
ADDRESS <u>1420 WISCONSIN BLVD.</u> PURCHASE ORDER _____				
CITY <u>DAYTON,</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u> Print Name <u>WATSON-WAYNE</u> Phone <u>455-6391</u>				
TRANSPORTER _____ EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON DUMP</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1040

## EMERGENCY INFORMATION

## SCALE INFORMATION

## IMMEDIATE RESPONSE INFORMATION

#15

DM-3067 REV. 8/84



# CLEARANCE CERTIFICATE

No. 058

Delco Moraine Division General Motors Corporation 1420 Waterman Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-23-1988

Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS.		FLYASH		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Signature <u>[Signature]</u>	Print Name _____
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAFTE</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 110010

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION  <div style="text-align: center; font-size: 1.2em;">NON - HAZ</div>  IN CASE OF EMERGENCY, NOTIFY: _____  _____			#5  NET WT. _____  TRAILER NO.    TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YOS.	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:  				
CERTIFICATION				
GENERATOR <u>DELCO MORaine DIV GMC 11-28-88</u> DATE SHIPPED <u>11-28-88</u> EPA IDENTIFICATION CODE NO. _____				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS <u>DAYTON,</u> PURCHASE ORDER _____				
CITY <u>OHIO</u> <u>45401</u> ZIP _____ PHONE _____				
OHD 060928561				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u> Print Name <u>WAYNE WATSON</u> Phone <u>455-6391</u>				
TRANSPORTER _____ EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON DUMP</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR





**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10608

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		<p>#15</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division General Motors Corporation 1420 Wiscasset Boulevard Warren, Ohio 44481

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

No. 058121

for 11-28-1988 Driver A. FELTON

QUANTITY	SHIPPER NO	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 WHITE:  
 GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CANARY:  
 (1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS <u>WILTON</u>	JOB NO. _____
CITY _____ STATE <u>OH</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10011

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP LIGHT FLYTURE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR <u>DELCO MORAIN</u> <u>11-28-88</u> EPA IDENTIFICATION CODE NO. _____				
COMPANY NAME <u>1420 WISCONSIN BLVD.</u> STATE I.D. NO. _____				
ADDRESS <u>DAYTON,</u> PURCHASE ORDER _____				
CITY <u>OHIO</u> STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>W. Watson</u> Print Name <u>WAYNE WATSON</u> Phone <u>455-6391</u>				
TRANSPORTER EPA IDENTIFICATION NO. _____				
COMPANY <u>SAME</u> STATE I.D. CODE _____				
ADDRESS _____ JOB I.D. NO. _____				
CITY _____ STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____ Print Name _____ Date Received _____				
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>SOUTH DAYTON DUMP</u> STATE I.D. NO. _____				
ADDRESS _____ JOB NO. _____				
CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____ Print Name _____ Date _____				

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 10009

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Waters</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BDY	FLYASH

DM-3067 REV. 8/84



## CLEARANCE CERTIFICATE

**No.** 058122

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-28-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1000

<b>EMERGENCY INFORMATION</b>			<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO.    TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BDX	FLYASH
<b>MATERIAL DISPOSITION</b>				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
<b>CERTIFICATION</b>				
GENERATOR		DATE SHIPPED <u>11-28-88</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME <u>DELCO MORaine DIV. GMC</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 10010

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
NON-HAZ	
	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

DM-3067 REV. 8/84



## CLEARANCE CERTIFICATE

No. 058123

Delco Moraine Division General Motors Corporation 1420 Westland Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-28-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30YDS		SCRAP WOOD		DUMP
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

SIGNATURE PLANT PATROLMAN

W. Walker  
SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS <u>1111</u>	STATE _____	ZIP _____	PHONE _____
CITY _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 10011

<b>EMERGENCY INFORMATION</b>	<b>SCALE INFORMATION</b>
IMMEDIATE RESPONSE INFORMATION	#5  NET WT. _____
NON HAZ	

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division General Motors Corporation 1400 Wacker Drive Warren, Ohio 44141

## CLEARANCE CERTIFICATE

**No.** 05812

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-28-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS.		SCRAP LIGHT FIXTURES		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____ Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>DAYTON</u> STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____ Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10016

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5  NET WT. _____ TRAILER NO.    TRACTOR NO.	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS.	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-29-88</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME		DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY		DAYTON, OHIO		ZIP 45401    PHONE _____	
This is to certify that materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6394</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY		STATE		ZIP    PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY		STATE		ZIP    PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 110015

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Walters</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

DM-3067 REV. 8/84



Delco Moraine Division, General Motors Corporation, 1470 MacArthur Boulevard, Dayton, Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

No. 05812

Date 11-29-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30YDS.		SCRAP LIGHT FIXTURES		DUMP

SIGNATURE PLANT PATROLMAN

W. Walters  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS	CITY <u>DAYTON</u>	STATE <u>OHIO</u>	JOB NO. _____
			ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10016

## EMERGENCY INFORMATION

### IMMEDIATE RESPONSE INFORMATION

### SCALE INFORMATION

NON HAZ

#5

IN CASE OF EMERGENCY, NOTIFY: Wayne Watson

NET WT. \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ TRACTOR NO. \_\_\_\_\_

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	SCRAP WOOD

3067 REV. 8/84

co Moraine



General Motors Corporation 1420 Waterman Boulevard Warren, Ohio 44090

USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIP-  
AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

# CLEARANCE CERTIFICATE

No. 058129

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

ite 11-29-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
1 YDS		SCRAP WOOD		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

ature

Print Name

Date

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10018

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30YDS	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-30-88</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME		DELCO MORaine DIV. GMC		STATE I.D. NO. _____	
ADDRESS		1420 WISCONSIN BLVD.		PURCHASE ORDER _____	
CITY		DAYTON		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that <u>OHIO 060928501</u> are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature		<u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u> Phone <u>455-6891</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature		Print Name		Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY		STATE I.D. NO. _____			
ADDRESS		JOB NO. _____			
CITY		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature		Print Name		Date	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10017

## EMERGENCY INFORMATION

## SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NON HAZ

#5

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1420 Winton Boulevard Dayton, Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-30-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
405		CONCRETE & DIRT		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

TRANSPORTER

EPA IDENTIFICATION NO.

COMPANY

STATE I.D. CODE

ADDRESS

JOB I.D. NO.

CITY

STATE

ZIP

PHONE

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature

Print Name

Date Received

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO.

COMPANY

STATE I.D. NO.

ADDRESS

JOB NO.

CITY

STATE

ZIP

PHONE

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature

Print Name

Date

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10019

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS.	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>Dump</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR DELCO MORaine DIV. GMC		DATE SHIPPED <u>11-30-88</u> EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME		STATE I.D. NO. _____		
ADDRESS <u>1420 WISCONSIN BLVD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>		ZIP _____ PHONE _____		
STATE <u>OHIO</u>		ZIP <u>45401</u>		
This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>453-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY <u>DAYTON</u>		ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10019

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZ</u>	<u>#5</u>

## CLEARANCE CERTIFICATE

No. 058130

067 REV. 8/84



© 1984 Delco General Motors Corporation 1470 Macaroni Boulevard Dayton, Ohio 45401

USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

<u>H-30-1988</u>		Driver <u>A. FELTON</u>		
QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
<u>105</u>		<u>CONCRETE &amp; DIRT</u>		<u>DUMP</u>

SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

TRANSPORTER	EPA IDENTIFICATION NO.
COMPANY <u>SANIE</u>	STATE I.D. CODE
ADDRESS	JOB I.D. NO.
CITY	STATE
ZIP	PHONE
is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature	Print Name
Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.
ADDRESS	JOB NO.
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP	PHONE
is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature	Print Name
Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 10019



## CLEARANCE CERTIFICATE

No. 058132

67. REV. 8/84

16 Moraine Division General Motors Corporation 1470 Waterbury Boulevard Dayton Ohio 45401

USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 11-30-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
<u>0405.</u>		<u>SCRAP WOOD</u>		<u>DUMP</u>

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

COMPANY NAME	STATE I.D. NO.
ADDRESS	PURCHASE ORDER
CITY	STATE
ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u> Phone <u>455-6391</u>
TRANSPORTER	EPA IDENTIFICATION NO.
COMPANY	STATE I.D. CODE
ADDRESS	JOB I.D. NO.
CITY	STATE
ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature	Print Name
Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.
ADDRESS	JOB NO.
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature	Print Name
Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10028

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZ</u>	<u>#5</u>
	NET WT. _____
IN CASE OF EMERGENCY, NOTIFY: <u>W. Waters</u>	TRAILER NO. _____ TRACTOR NO. _____

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1420 Waterman Boulevard Dayton, Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-5 1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
<u>3 PDS</u>		<u>SCRAP WOOD</u>		<u>DUMP</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____
ADDRESS _____		JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10030

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. TRACTOR NO.		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wagner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

DM-3067 REV. 8/84



Division General Motors Corporation 1420 Waterman Boulevard Detroit, Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

## CLEARANCE CERTIFICATE

No. 058143

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-6-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
0 YDS-		SCRAP WOOD		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR





Delco Moraine

DM 2871 REV.11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10031

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30YDS	BOX	FLYASH

## CLEARANCE CERTIFICATE

No. 058144

1-3067 REV. 8/84



Use Moraine Division General Motors Corporation 1470 Wacacoma Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date <u>12-6-1988</u>		Driver <u>A. FELTON</u>		DESTINATION	
QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.		
30YDS		FLYASH		DUMP	

SIGNATURE PLANT PATROLMAN \_\_\_\_\_  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE: GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

W. Watson  
SIGNATURE-FOREMAN

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY: (1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

PINK-TRANSPORTER COPY GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 1003

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>		
IMMEDIATE RESPONSE INFORMATION		# <u>5</u>  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>				
<b>SHIPPING INFORMATION</b>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division General Motors Corporation 1420 Wisconsin Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

**No. 0581!**

Date 12-8-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
<u>30YDS</u>		<u>FLYASH</u>		<u>DUMP</u>

\_\_\_\_\_  
SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS		JOB NO.	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10033

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZ</u>	<u>#5</u>
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

DM-3067 REV. 8/84



Delco Moraine Division, General Motors Corporation, 1420 Macomb Boulevard, Dayton, Ohio 45401

## CLEARANCE CERTIFICATE

No. 058151

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-8-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
<u>30 YOS</u>		<u>CONCRETE &amp; DIRT</u>		<u>DUMP</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____
ADDRESS _____		JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO. 10043

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ			
IN CASE OF EMERGENCY, NOTIFY: <u>Deputy Water</u>			

DM-3067 REV. 8/84



Delco Moraine Division General Motors Corporation 1470 Wackerlin Boulevard Dayton Ohio 45401

## CLEARANCE CERTIFICATE

No. 05

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-12-1988 Driver A. FELTON

QUANTITY	SHIPPER NO	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		SCRAP WOOD		DUMP

_____ SIGNATURE PLANT PATROLMAN	_____ SIGNATURE-FOREMAN
_____ CLOCK NO. _____ DATE _____	_____ 53 CLOCK NO. _____ DATE _____

WHITE: GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CANARY: (1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

This is to certify acceptance of the above material

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

TREATMENT/DISPOSAL FACILITY \_\_\_\_\_ EPA IDENTIFICATION CODE NO. \_\_\_\_\_

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ JOB NO. \_\_\_\_\_ PHONE \_\_\_\_\_

CITY DAYTON STATE OHIO ZIP \_\_\_\_\_

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy of your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 100-7

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZ</u>	
	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

DM-3067-REV. 8/84



Delco Moraine Division General Motors Corporation 1120 Wagonwheel Boulevard Dayton, Ohio 45401

## CLEARANCE CERTIFICATE

No. 058160

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-13-1982 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP

\_\_\_\_\_  
SIGNATURE PLANT PATROLMAN

W. W. Watson  
SIGNATURE-FOREMAN

\_\_\_\_\_  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_

WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_

CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS <u>STILL</u>	JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10050

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
NON HAZ	#5
	NET WT.
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>	TRAILER NO. TRACTOR NO.

## SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONT.

## CLEARANCE CERTIFICATE

No. 058163

067 REV. 8/84



Use of this form is restricted to air express and parcel post ship-  
ments and the removal of miscellaneous items such as -

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

DATE	QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
12-14-1988	0 YDS.		SCRAP WOOD		DUMP

Driver A. FELTON

W. Watson  
SIGNATURE-FOREMAN

SIGNATURE PLANT PATROLMAN  
CLOCK NO.  
WHITE: GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. DATE  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL  
WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED  
BY THE PLANT PATROLMAN AT THE RECEIVING PLANT  
AND SENT TO ACCOUNTS RECEIVABLE.

STATE I.D. NO.	STATE OHIO	ZIP	PHONE
JOB NO.			
Signature	Print Name	Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 10057

<b>EMERGENCY INFORMATION</b>	<b>SCALE INFORMATION</b>
IMMEDIATE RESPONSE INFORMATION	
<u>NON HAZ</u>	#5
	NET WT. _____
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	TRAILER NO. _____ TRACTOR NO. _____

DM-3067 REV. 8/84



Delco Moraine Division General Motors Corporation 1470 Wexham Boulevard Dayton, Ohio 45401

## CLEARANCE CERTIFICATE

No. 05817

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-16-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		LIGHT FIXTURE (SCRAP)		DUMP
S	S	S	S	S

SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_

DATE \_\_\_\_\_

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO. \_\_\_\_\_

DATE \_\_\_\_\_

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____
ADDRESS _____		JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		
Signature _____	Print Name _____	Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



**Delco Moraine**

DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 10054

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION		#5	
NON HAZ			
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>			
NET WT. _____		TRAILER NO. _____ TRACTOR NO. _____	
<b>SHIPPING INFORMATION</b>			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE MATERIAL DESCRIPTION

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division General Motors Corporation 1420 Waukegan Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

**No.** 058167

Date: 12-16-1988 Driver: A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

53

CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS		STATE I.D. NO.	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	JOB NO.	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR





# ENVIRONMENTAL MANIFEST

NO. 10260

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

<b>EMERGENCY INFORMATION</b>		<b>SCALE INFORMATION</b>	
IMMEDIATE RESPONSE INFORMATION		#5	
NON HAZ			
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>			
SHIPPING INFORMATION			
DESCRIPTION	HAZARD CLASS	QUANTITY	MATERIAL DESCRIPTION

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1470 Waterman Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

## CLEARANCE CERTIFICATE

No. 05817

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-19-1988 Driver A. FELTON

QUANTITY	SHIPPER NO	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

TREATMENT/DISPOSAL NO.	STATE I.D. NO.
COMPANY <u>SOUTH DAYTON DUMP</u>	JOB NO.
ADDRESS	ZIP
CITY <u>DAYTON</u>	PHONE
STATE <u>OHIO</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature	Print Name
	Date

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



**Delco Moraine**  
DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

**NO.** 10009

<b>EMERGENCY INFORMATION</b>	<b>SCALE INFORMATION</b>
IMMEDIATE RESPONSE INFORMATION	#5
NON HAZ	
	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

DM-3067 REV. 8/84

**Delco Moraine**



Delco Moraine Division General Motors Corporation 1420 Wacanton Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

**No.** 05817

Date 12-20-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		SCRAP WOOD		DUMP
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S

SIGNATURE PLANT PATROLMAN

SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS _____		CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____		
ADDRESS _____				JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____		PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.            

EMERGENCY INFORMATION

SCALE INFORMATION

DM-3067 REV. 8/84



Delco Moraine Division General Motors Corporation 1470 Wixom Road Wixom, Ohio 45401

## CLEARANCE CERTIFICATE

No. 058180

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-21-1988 Driver A. FELTON

QUANTITY	SHIPPER'S NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30405		SCRAP WOOD		DUMP
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S
S	S	S	S	S

SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT, AND SENT TO ACCOUNTS RECEIVABLE.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson Print Name WAYNE WATSON Phone 455-6391

TRANSPORTER

EPA IDENTIFICATION NO.

COMPANY

STATE I.D. CODE

ADDRESS SAME

JOB I.D. NO.

CITY

STATE

ZIP

PHONE

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature

Print Name

Date Received

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO.

COMPANY SOUTH DAYTON DUMP

STATE I.D. NO.

ADDRESS

JOB NO.

CITY DAYTON

STATE OHIO

ZIP

PHONE

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature

Print Name

Date

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

NO.         

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5  NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30YDS.	BOY	FLYASH

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1470 Macomb Boulevard Orion, Ohio 44651

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

## CLEARANCE CERTIFICATE

No. 058182

Date 12-21-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30YDS		FLYASH		DUMP

\_\_\_\_\_  
SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
WHITE:  
GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53  
CLOCK NO. \_\_\_\_\_ DATE \_\_\_\_\_  
CANARY:  
(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR



DM 2871 REV 11/80

# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO.               

EMERGENCY INFORMATION	SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION	<div style="font-size: 2em; margin-bottom: 10px;"># 5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>			
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Walker</u>				
SHIPPING INFORMATION				
NOT SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1425 Waterman Boulevard Dayton Ohio 45401

## CLEARANCE CERTIFICATE

No. 058184

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-21-1988 Driver A. FLYASH

NTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP

\_\_\_\_\_  
SIGNATURE PLANT PATROLMAN

W. Walker  
SIGNATURE-FOREMAN

CLOCK NO. \_\_\_\_\_

DATE \_\_\_\_\_

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO. \_\_\_\_\_

DATE \_\_\_\_\_

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

TREATMENT/ DISPOSAL FACILITY		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____	
ADDRESS _____		ZIP _____ PHONE _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>		

is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



# ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO.         

DM-3067 REV. 8/84

Delco Moraine



Delco Moraine Division General Motors Corporation 1470 Wagonwheel Boulevard Dayton Ohio 45401

THE USE OF THIS FORM IS RESTRICTED TO AIR EXPRESS AND PARCEL POST SHIPMENTS AND THE REMOVAL OF MISCELLANEOUS ITEMS SUCH AS —

## CLEARANCE CERTIFICATE

No. 058183

- 1 - SCRAP MATERIAL
- 2 - CONTRACTORS MATERIAL AND/OR EQUIPMENT
- 3 - NON-COMPANY ITEMS
- 4 - NON-PRODUCTIVE ITEMS

Date 12-21-1988 Driver A. FELTON

QUANTITY	SHIPPER NO.	DESCRIPTION	WAYBILL NO.	DESTINATION
30 YDS		FLYASH		DUMP
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

SIGNATURE PLANT PATROLMAN

W. Watson  
SIGNATURE-FOREMAN

CLOCK NO.

DATE

WHITE:

GATE-PASS-GUARD TO ACCOUNTS RECEIVABLE

53

CLOCK NO.

DATE

CANARY:

(1) ORIGINATOR OR (2) TRAVELS WITH THE MATERIAL WHEN ITEMS ARE MOVED BETWEEN PLANTS; IS SIGNED BY THE PLANT PATROLMAN AT THE RECEIVING PLANT AND SENT TO ACCOUNTS RECEIVABLE.

ADDRESS _____		PURCHASE ORDER _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR    CANARY-TSPF COPY    PINK-TRANSPORTER COPY    GOLD-GENERATOR